

**CLAIMS ONLY**

**Application Number**

10-800838

**Filing Date**

8805

**Applicant(s)**

\* May be used for additional claims or amendments.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep.	Depend	Indep.	Depend	Indep.	Depend	Indep.	Depend	Indep.	Depend	
1							51						
2							52						
3							53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	16						Total Depend						
Total Claims	20						Total Claims						